Only

STATEMENT OF

PAGE 1 / 55 =

FORM 1		OF	RGAN	IZA	ΓΙΟΙ	N					O#:	o Hoo (S mh.		
1. NAME OF COMMITTEE (ir	n full)	(-	neck if name			le:If typin e lines.	g, type	1	2FE	4M5	Offic	e Use (only		
AMERICAN				CIAT	ION	POL	ITIC	AL ,	AC ⁻	ΓΙΟ	N (CON	ИM	ITTI	EE
ADDRESS (number a	nd street)	25 Massacl	husetts Ave,	NW 						ı					
(Check if a is changed	address	Suite 600	1 1 1 1	1 1		1 1 1				1		1 1		1 1	
is changed	1)	Washingto							DC STATE	A	2000	1-7400		DDE A	
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if a is changed		ampacor	nline@ama	a-assn.	.org										
		Optional So	econd E-Ma	il Addre	ss 										
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL	,												
2. DATE 1:	^M / 01		018												
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C000	000422										
4. IS THIS STATEM	MENT	NEW (N	N) O	R	×	AMENI	DED (A)								
I certify that I have e	examined thi	s Statement	and to the	best of	my kno	wledge a	nd belief	it is t	rue, c	orrect	and o	comple	te.		
Type or Print Name	of Treasurer	Walker, Ke	evin, , Mr.,												
Signature of Treasure	er <i>Walker</i> —	, Kevin, , Mr.,			[E	lectronical	ly Filed]	Da	te	12	/	20	/	y y 201	
NOTE: Submission of		ous, or incom					_	-			the p	enalties	of 2	U.S.C.	§437g.
Office Use					Fe	r further in deral Elect Il Free 800	on Commi		ct:		F	EC (Revise			

Local 202-694-1100

	EEC E o	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for trecommittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Γ	-		
_	FEC Form 1 (Revise	ed 02/2009)	Page 3
	Vrite or Type Committee N		
	AMERICAN M	EDICAL ASSOCIATION POLITICAL ACTION CO	OMMITTEE
6.	Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
D	PELAWARE MEDIC	CAL PAC	
ı			
	Moiling Address	900 PRIDES CROSSING	
	Mailing Address		
		Newark DE 19713-610	00
		CITY STATE	ZIP CODE
		SIAIE	ZII CODE
	Relationship: Conne	cted Organization 🗶 Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
7.	books and records.	Identify by name, address (phone number optional) and position of the person in poss	session of committee
	Full Name		
	Mailing Address	25 Massachusetts Ave NW	
		Ste 600	1
		Washington DC 20001-74	00
	Title or Position	CITY STATE 2	ZIP CODE
	Custodian of Records	Telephone number	789 - 7467
8.	Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the nan g., assistant treasurer).	ne and address of
	Full Name Walker of Treasurer	, Kevin, , Mr.,	
	Mailing Address	25 Massachusetts Ave NW	
		Ste 600	<u> </u>
		Washington DC 20001-74	00 -
	Title or Decition	CITY STATE Z	ZIP CODE
	Title or Position Treasurer		7467

	rm 1 (Revised 02/2009)	
Full Name of Designated Agent	Imbeau, Stephen, Alan, , MD	
Mailing Address	800 E Cheves St Ste 420	
	Allergy Asthma and Sinus Ctr	
	Florence	29506-2649
Title or Position	CITY STATE	ZIP CODE
Secretary	Telephone number	843 - 679 - 9335
Banks or Othe	er Depositories: List all banks or other depositories in which the committee depos	its funds, holds accounts, rents
safety deposit b	poxes or maintains funds.	
safety deposit b	Depository, etc.	
safety deposit b	poxes or maintains funds.	
safety deposit b	Depository, etc. PNC Bank PO Box 1912	
safety deposit b Name of Bank,	Depository, etc. PNC Bank PO Box 1912	
safety deposit b Name of Bank,	Depository, etc. PNC Bank PO Box 1912	20074
safety deposit b Name of Bank,	PO Box 1912	20074 ZIP CODE
safety deposit b Name of Bank, Mailing Address	PNC Bank PO Box 1912 S Washington DEDOTES Washington DC	
safety deposit b Name of Bank, Mailing Address	PNC Bank PO Box 1912 Washington CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. PNC Bank PO Box 1912 Washington CITY STATE PNC Advisors 800 17th Street, NW	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank PO Box 1912 Washington CITY STATE PNC Advisors 800 17th Street, NW	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank PO Box 1912 Washington CITY STATE PNC Advisors 800 17th Street, NW	

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	7.			
6.		Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	Mailing Address	1250 23RD STREET, NW		
		#270		
		Washington	DC	20037-1216
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Jordan, Jo	by name, address (phone number – optional)	t Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify Jordan, Jordan, Jordan, Jordan	by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Jordan, Jo	by name, address (phone number – optional) ohn, Robert, Mr.,	t Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify Jordan, Jordan, Jordan, Jordan	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600		
8.	Designated Agent: Identify Jordan, Jordan, Jordan, Jordan	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600 Washington	DC	20001-7400
8.	Designated Agent: Identify Jordan, Jo	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600 Washington	DC STATE A	20001-7400 ZIP CODE ▲
8.	Designated Agent: Identify Jordan, Jo	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600 Washington CITY	DC STATE A	20001-7400
9.	Designated Agent: Identify Jordan, Jor	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600 Washington CITY Ties: List all banks or other depositories in which	STATE A	20001-7400 ZIP CODE ▲ 202 789 7457
	Designated Agent: Identify Jordan, Jor	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600 Washington CITY Ties: List all banks or other depositories in which	STATE A	20001-7400 ZIP CODE ▲ 202 789 7457
	Designated Agent: Identify Jordan, Jor	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600 Washington CITY Ties: List all banks or other depositories in which	STATE A	20001-7400 ZIP CODE ▲ 202 789 7457
	Designated Agent: Identify Jordan, Jor	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600 Washington CITY Ties: List all banks or other depositories in which	STATE A	20001-7400 ZIP CODE ▲ 202 789 7457
	Designated Agent: Identify Jordan, Jor	by name, address (phone number – optional) ohn, Robert, Mr., 25 Massachusetts Avenue, NW Suite 600 Washington CITY Ties: List all banks or other depositories in which	STATE A	20001-7400 ZIP CODE ▲ 202 789 7457

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	rganization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
INDIANA STATE IVI	EDICAL ASSOCIATION PAC		
Mailing Address	322 CANAL WALK		
. J			
	Indianapolis	IN I	46202-3278
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	by name, address (phone number – optional)		
Lonetto, Nic	cole, , Mrs.,		
Lonetto, Nic	cole, , Mrs., 25 Massachusetts Avenue, NW		
Lonetto, Nic	cole, , Mrs.,		
Lonetto, Nic	cole, , Mrs., 25 Massachusetts Avenue, NW	DC	20001-7400
Lonetto, Nic	25 Massachusetts Avenue, NW Suite 600 Washington	DC STATE A	20001-7400 ZIP CODE ▲
Lonetto, Nic	Sole, , Mrs., 25 Massachusetts Avenue, NW Suite 600 Washington CITY	STATE A	ZIP CODE ▲
Lonetto, Nice Full Name Mailing Address TITLE OR POSITION	Sole, , Mrs., 25 Massachusetts Avenue, NW Suite 600 Washington CITY	STATE A	ZIP CODE ▲
Lonetto, Nice Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositorie	Suite 600 Washington CITY SE: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE ▲ 202
Lonetto, Nice Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Assistant Treasurer anks or Other Depositorie afety deposit boxes or main	Suite 600 Washington CITY SE: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE ▲ 202
Lonetto, Nice Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositorie	Suite 600 Washington CITY SE: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE ▲ 202 - 789 - 743
Lonetto, Nice Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositorie afety deposit boxes or main ame of Bank,	Suite 600 Washington CITY SE: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE ▲ 202 - 789 - 743
Lonetto, Nice Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositories afety deposit boxes or main ame of Bank, epository, etc.	Suite 600 Washington CITY SE: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE ▲ 202 - 789 - 743
Lonetto, Nice Full Name Mailing Address TITLE OR POSITION Assistant Treasurer anks or Other Depositories afety deposit boxes or main ame of Bank, epository, etc.	Suite 600 Washington CITY SE: List all banks or other depositories in whice	STATE ▲ Telephone Number	ZIP CODE ▲ 202 - 789 - 743

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
ALABAMA MEDI	CAL PAC		
	PO BOX 22		
Mailing Address	PO BOX 22		
	Montgomery	AL	36101-0022
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	ed Organization	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)	st Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of t	ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	ify by name, address (phone number – optional) CITY CITY Cories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.					
1.			F	FEC ID number	С
2.				FEC ID number	С
3.				EC ID number	С
4.				FEC ID number	С
			int Fundraisi	ng Representativ	e, or Leadership PAC Spor
New Mexico Medi	ical Society P	PAC			
Mailing Address	316 Osuna Roa	ad, NE			
Mailing Address	Suite 501				
	Albuquerque			ı ı NM ı	87107-5956
Relationship:		CITY A		STATE A	ZIP CODE A
	d Organization	★ Affiliated Committee	loint Eun	draising Represent	
	y by name, addres		nioriai)		
Full Name					
Full Name					
				STATE A	ZIP CODE A
Mailing Address					
Mailing Address TITLE OR POSITION	▼ ries: List all bank	CITY A	Teleph	STATE A	
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Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	▼ ries: List all bank	CITY A	Teleph	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	▼ ries: List all bank	CITY A	Teleph	STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Deposito aftety deposit boxes or material deposit boxes or material depository, etc.	▼ ries: List all bank	CITY A	Teleph	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.			
		FEC ID number	C
2		FEC ID number	C
S		FEC ID number	C
4.		FEC ID number	С
<u>-</u>	Organization, Affiliated Committee, Joint Fundr		
NORTH CAROLINA	MEDICAL SOCIETY FEDERAL POLITICA	AL EDUCATION AI	ND ACTION COMMITTE
Mailing Address	PO BOX 25834		
	222 N PERSON STREET		
	Raleigh	NC NC	27611-5834
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identif	y by name, address (phone number – optional)		
Mailing Address			
		1 1 1	
	CITY A	STATE A	ZIP CODE ▲
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

WISCONSIN MEDICAL Mailing Address Mailing Address Connected Organ Connected Organ Pesignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION ▼ Banks or Other Depositories: Li	EAST LAKESIDE STREET lison CITY	FEC ID number FEC ID number FEC ID number FEC ID number aising Representative WI STATE Fundraising Represent	53715-2074 ZIP CODE ▲
3. 4. 4. Mailing Address Mailing Address Mailing Address Connected Organ Ma Relationship: Connected Organ Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Li	EAST LAKESIDE STREET Lison CITY Affiliated Committee Joint	FEC ID number FEC ID number aising Representative WI STATE	C C re, or Leadership PAC Spon 53715-2074 ZIP CODE
ame of Any Connected Organ WISCONSIN MEDICA Mailing Address Ma Relationship: Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Li	EAST LAKESIDE STREET Lison CITY Affiliated Committee Joint	FEC ID number aising Representative WI STATE	e, or Leadership PAC Spon
ame of Any Connected Organ WISCONSIN MEDICAL Mailing Address Mailing Address Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Li	EAST LAKESIDE STREET Lison CITY Affiliated Committee Joint	aising Representative	re, or Leadership PAC Spon
WISCONSIN MEDICAL Mailing Address Mailing Address Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Li	EAST LAKESIDE STREET Lison CITY Affiliated Committee Joint	WI STATE A	53715-2074 ZIP CODE ▲
Mailing Address Mailing Address Ma Relationship: Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Li	EAST LAKESIDE STREET dison CITY zation Affiliated Committee Joint	STATE ▲	ZIP CODE A
Mailing Address Mailing Address Ma Relationship: Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Li	CITY A zation Affiliated Committee Joint	STATE ▲	ZIP CODE A
Mailing Address Mailing Address Ma Relationship: Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Li	CITY A zation Affiliated Committee Joint	STATE ▲	ZIP CODE A
Mailing Address Mailing Address Ma Relationship: Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Li	CITY A zation Affiliated Committee Joint	STATE ▲	ZIP CODE A
Relationship: Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Li	CITY A zation Affiliated Committee Joint	STATE ▲	ZIP CODE A
Relationship: Connected Organ esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Li	CITY A zation Affiliated Committee Joint	STATE ▲	ZIP CODE A
esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Li	zation X Affiliated Committee Joint		
esignated Agent: Identify by na Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: Li		Fundraising Represent	tative Leadership PAC Sp
Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: Li	,		
TITLE OR POSITION ▼			
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anks or Other Depositories: Li			
anks or Other Depositories: Li			1
anks or Other Depositories: Li	CITY A	STATE ▲	ZIP CODE ▲
		lephone Number	
	st all banks or other denositories in which	the committee denosit	ts funds, holds accounts, ren
afety deposit boxes or maintains		35	
ame of Bank, epository, etc.			
Mailing Address			
Ι.,			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	C
3. <u> </u>		FEC ID number	С
4.			
lame of Any Connect	ed Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
ILLINOIS STAT	E MEDICAL SOCIETY POLITICAL AC	CTION COMMITT	[•] EE
	20 NORTH MICHIGAN AVENUE		
Mailing Address	SUITE 700		
			60603 4833
	Chicago	 L	60602-4822
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
TITLE OR POSITION	ON ▼ CITY ▲	STATE ▲	ZIP CODE ▲
TITLE OR POSITION	V NC	STATE ▲ elephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	or Leadership PAC Spon
=	DICAL ASSOCIATION PAC	aising ricpresentative	c, or Leadership FAO opon
Mailing Address	5115 PARKCENTER AVENUE		
ag . taa.eee	#200		
	Dublin	ОН	43017-7553
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif		Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

n). Joint Fundraising			
1.		FEC ID number	C
2.		FEC ID number	С
3		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spor
NEW JERSEY ME	DICAL POLITICAL ACTION COMM	TTEE - - - - - - - -	
Mailing Address	2 PRINCESS ROAD		
	Lawrenceville	NJ	08648-2320
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee Joint	Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address	by name, address (phone number – optional) CITY CITY Es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositoring fety deposit boxes or main	by name, address (phone number – optional) CITY CITY Es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositori fety deposit boxes or mai	by name, address (phone number – optional) CITY CITY Es: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mainage of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Es: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundrais		FEC ID number	C
2.		FEC ID number	С
		FEC ID number	С
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4.		T LO ID Humber	0
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
NORTH DAKOT	A MEDICAL ASSOCIATION POLITIC	AL ACTION CO	MMITTEE
	ı 1622 E INTERSTATE AVE		
Mailing Address	1022 E INTERSTATE AVE		
	Bismarck	ND ND	58503-0512
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC S
esignated Agent: Ident	ed Organization Affiliated Committee Joint life by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident		t Fundraising Represent	Leadership PAC S
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address	ify by name, address (phone number – optional) CITY		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank,	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.			
		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
=	Organization, Affiliated Committee, Joint Fur		e, or Leadership PAC Spon
Mailing Address	555 CAPITOL MALL		
	#400		
	Sacramento	CA	95814-4503
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number - optional)		
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arms of Bank,	ries: List all banks or other depositories in whi	Telephone Number	
Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arms of Bank,	ries: List all banks or other depositories in whi	Telephone Number	
Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mailame of Bank, Depository, etc.	ries: List all banks or other depositories in whi	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
SOUTH CAROLI	INA MEDICAL PAC		
	132 WESTPARK BLVD		
Mailing Address			
	Columbia	SC	29210-3856
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee Join	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	t Fundraising Representation	
esignated Agent: Identi Full Name Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification of the serious part of the serious	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit affety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
=	d Organization, Affiliated Committee, Joint Fur		
Mailing Address	PO BOX 8820		
	Harrisburg	PA PA	17105-8820
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name	fy by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE A
TITLE OR POSITION	CITY ▲	STATE ▲ Telephone Number	ZIP CODE A
	ories: List all banks or other depositories in whi	Telephone Number	
Banks or Other Deposite safety deposit boxes or management of Bank, Depository, etc.	ories: List all banks or other depositories in whi	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
IOWA MEDICAL	SOCIETY PAC		
Mailing Address	515 EAST LOCUST		
Mailing Address	ı #400		
	Des Moines	ı ı IA ı	50309-1968
Dalatianahin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Join Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

	ng Participant:		
1	<u> </u>	FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
		FEC ID number	С
4.			
lame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Spon
=	POLITICAL ACTION COMMITTEE		
Mailing Address	PO BOX 2668		
	305 WEST JEFFERSON		
	Boise	ı ID ı	83701-2668
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Represent	
esignated Agent: Identify	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name	CITY A	1	
Full Name Mailing Address TITLE OR POSITION	CITY A Tel wries: List all banks or other depositories in which t	lephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITION Canks or Other Depositor afety deposit boxes or maintenance.	CITY A Tel wries: List all banks or other depositories in which t	lephone Number	ZIP CODE ▲
Full Name Mailing Address TITLE OR POSITION	CITY A Tel wries: List all banks or other depositories in which t	lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail Jame of Bank, Depository, etc.	CITY A Tel wries: List all banks or other depositories in which t	lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor defety deposit boxes or mails and the state of Bank,	CITY A Tel wries: List all banks or other depositories in which t	lephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or mail Jame of Bank, Depository, etc.	CITY A Tel wries: List all banks or other depositories in which t	lephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

SOUTH DAKOTA STA	nization, Affiliated Committee, Joint Fundra ATE MEDICAL ASSOCIATION PA 1000 WEST 49TH STREET 2000 1000 Oux Falls 1000 Affiliated Committee Joint Falls 1000 Joint Falls		57105-6569 ZIP CODE A
ame of Any Connected Organ SOUTH DAKOTA ST. Mailing Address Relationship: Connected Organ esignated Agent: Identify by re Full Name Mailing Address	ATE MEDICAL ASSOCIATION PA	FEC ID number FEC ID number sing Representative AC SD STATE	e, or Leadership PAC Spon
ame of Any Connected Orga SOUTH DAKOTA ST. Mailing Address # S Relationship: Connected Orga esignated Agent: Identify by r Full Name Mailing Address	ATE MEDICAL ASSOCIATION PA	FEC ID number sing Representative AC SD STATE	e, or Leadership PAC Spon
ame of Any Connected Orga SOUTH DAKOTA ST. Mailing Address Relationship: Connected Orga esignated Agent: Identify by r Full Name Mailing Address	ATE MEDICAL ASSOCIATION PA	sing Representative	e, or Leadership PAC Spon
SOUTH DAKOTA STA	ATE MEDICAL ASSOCIATION PA	AC SD STATE A	57105-6569 ZIP CODE A
Mailing Address # Relationship: Connected Orga esignated Agent: Identify by r Full Name Mailing Address	coo WEST 49TH STREET coo oux Falls CITY nization X Affiliated Committee Joint F	SD STATE A	ZIP CODE A
Mailing Address # Relationship: Connected Organ esignated Agent: Identify by r Full Name Mailing Address	coo coux Falls CITY nization Affiliated Committee Joint F	STATE A	ZIP CODE A
Mailing Address # Relationship: Connected Organ esignated Agent: Identify by r Full Name Mailing Address	coo coux Falls CITY nization Affiliated Committee Joint F	STATE A	ZIP CODE A
Mailing Address # Relationship: Connected Organ esignated Agent: Identify by r Full Name Mailing Address	coo coux Falls CITY nization Affiliated Committee Joint F	STATE A	ZIP CODE A
Relationship: Connected Organic Connected Organ	oux Falls CITY nization Affiliated Committee Joint F	STATE A	ZIP CODE A
Relationship: Connected Organic Connected Organ	CITY nization Affiliated Committee Joint F	STATE A	ZIP CODE A
Connected Organic Connected Or	nization X Affiliated Committee Joint F		
esignated Agent: Identify by r Full Name		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify by r Full Name		unulaising Hepresent	Leadership I AC Sp
_			
_			
TITLE OR POSITION ▼			
	CITY A	STATE ▲	ZIP CODE ▲
	Tele	ephone Number	
anks or Other Depositories:	List all banks or other depositories in which the	ne committee deposit	ts funds, holds accounts, ren
afety deposit boxes or maintain		·	
ame of Bank, epository, etc.			
Mailing Address			
I			

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.			
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
OREGON MEDIC	CAL PAC		
Mailing Address	11740 SW 68TH PARKWAY		
Mailing Address	#100		
	Portland	OR	97223-9038
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	t Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif		t Fundraising Representation	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or materials and the second	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
MARYLAND MEI	DICAL PAC		
Mailing Address	1211 CATHEDRAL STREET		
	Baltimore	, , , MD	21201-5516
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Join by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
INDEPENDENT	MEDICINES PAC		
AA-W- Add	701 BRADFORD AVENUE		
Mailing Address			
	Nashvilla	TNI	37204-2209
51	Nashville	TN	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
		rundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Trundraising Represent	Leadership PAC S
esignated Agent: Identi		Trundraising Representation	Leadership PAC S
esignated Agent: Identi		Trundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (

h). Joint Fundraisin	•					
1.			FEC ID	number	С	-
2.			FEC ID	number	C	
3.			FEC ID	number	С	
4.			FEC ID	number	С	
	Organization, Affiliated Co	mmittee, Joint Fu	ndraising Rep	resentative	e, or Leadership PAC	Spon
WYOMING MEDIC	CAL PAC					
Mailing Address	PO DRAWER 4009					
	Cheyenne			WY	82003-4009	
Relationship:	С	TY 🛦		STATE A	ZIP COI	OF A
Connected	Organization	Committee	oint Fundraising	Representa	ative Leadership	
esignated Agent: Identify				Representa	ative Leadership	
esignated Agent: Identify Full Name	Organization X Affiliated			Representa	ative Leadership	
esignated Agent: Identify	Organization X Affiliated			Representa	Leadership	
esignated Agent: Identify Full Name	Organization X Affiliated			Representa	Leadership	
esignated Agent: Identify Full Name	Organization X Affiliated by name, address (phone	number — optional)				PAC S
esignated Agent: Identify Full Name	Organization X Affiliated by name, address (phone	number – optional)		Representa		PAC S
esignated Agent: Identify Full Name Mailing Address	Organization X Affiliated by name, address (phone	number — optional)		STATE A		PAC S
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or ma	Organization X Affiliated by name, address (phone CIT City Ces: List all banks or other	number – optional)	Telephone No	STATE A	ZIP CODE	PAC S
Full Name Mailing Address TITLE OR POSITION	Organization X Affiliated by name, address (phone CIT City Ces: List all banks or other	number – optional)	Telephone No	STATE A	ZIP CODE	PAC S
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma	Organization X Affiliated by name, address (phone CIT City Ces: List all banks or other	number – optional)	Telephone No	STATE A	ZIP CODE	PAC S
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftety deposit boxes or ma ame of Bank, epository, etc.	Organization X Affiliated by name, address (phone CIT City Ces: List all banks or other	number – optional)	Telephone No	STATE A	ZIP CODE	PAC S

FEC Form 1S (Revised 02/2017)

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address	ries: List all banks	CITY cor other depositories in which	STATE A Telephone Number	ZIP CODE ts funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks		Telephone Number	
Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc.	ries: List all banks		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		Telephone Number	
Banks or Other Deposito	ries: List all banks		Telephone Number	
			Telephone Number	
TITLE OR POSITION	▼	CITY A		ZIP CODE ▲
TITLE OR POSITION	▼	CITY A	STATE ▲	ZIP CODE ▲
	1			
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, address	s (phone number – optional)		
Connected	d Organization	Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Relationship:		CITY A	STATE ▲	ZIP CODE ▲
	Minneapolis		MN	55413-1776
	Suite 2400			
Mailing Address	1300 GODWAR	D STREET, NE		
MINNESOTA ME	DICAL PAC			
Name of Any Connected	Organization, Affi	liated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Sponso
4.			FEC ID number	С
1			FEC ID number	С
3.			FEC ID number	С

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fur		
ALASKA STATE	MEDICAL ASSOCIATION POLITIC	CAL ACTION COM	IMITTEE (ALPAC)
	4107 LAUREL STREET		
Mailing Address	4107 LAUREL STREET		
	Anchorage	AK AK	99508-5334
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Jo	pint Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address TITLE OR POSITION	CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or maintain the state of the st	CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited deposit boxes or mails are of Bank,	CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposited deposit boxes or mails are of Bank,	CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposit boxes or material depository, etc.	CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposit boxes or material depository, etc.	CITY A pries: List all banks or other depositories in which	STATE ▲ Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundra DICAL ASSOCIATION PAC	aising Representative	e, or Leadership PAC Spon
Mailing Address	233 S 13TH STREET		
Manning / Idan eee			
	Lincoln	ı ı NE ı	68508-2017
Deletionahin			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif		Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		TEO ID Hambor	0
ame of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Medical Society of	Virginia PAC		
<u> </u>			
Mailing Address	2924 Emerywood Parkway		
	Suite 300		
	Richmond	, , VA	23294-3746
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			ative Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	CITY A Te ies: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	CITY A Te ies: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftery deposit boxes or main arms of Bank,	CITY A Te ies: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftery deposit boxes or main arms of Bank,	CITY A Te ies: List all banks or other depositories in which	elephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	CITY A Te ies: List all banks or other depositories in which	elephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisin		, FEC ID n	ımbor (
1			- 6	
2.		FEC ID n	- 1	
3.		FEC ID n	umber (
4		FEC ID n	umber (
	Organization, Affiliated Committee, Joint	Fundraising Repres	sentative,	or Leadership PAC Spon
TEXAS MEDICAL	ASSOCIATION PAC			
Mailing Address	401 W 15TH STREET			
	Austin		TX	78701-1624
Relationship:	CITY A	S	TATE ▲	ZIP CODE ▲
Connected	Organization X Affiliated Committee	Joint Fundraising Re	epresentativ	ve Leadership PAC S
	Organization		epresentativ	ve Leadership PAC S
			epresentativ	Leadership PAC S
esignated Agent: Identify			epresentativ	Leadership PAC S
esignated Agent: Identify			epresentativ	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optic	nal)		
esignated Agent: Identify	by name, address (phone number – optic	nal)	epresentativ	
esignated Agent: Identify Full Name	by name, address (phone number – optic	nal)	TE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optic	nal) STA	TE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or maintenance and the second s	by name, address (phone number – optic	nal) STA	TE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or ma	by name, address (phone number – optic	nal) STA	TE A	ZIP CODE A
Full Name	by name, address (phone number – optic	nal) STA	TE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ig Faiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representativ	e, or Leadership PAC Spons
KENTUCKY MED	DICAL ASSOCIATION PAC		
Mailing Address	9300 SHELBYVILLE ROAD		
-	#800		
	Louisville	KY	40222-5166
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif	d Organization Affiliated Committee Join y by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identif		nt Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identification Full Name Mailing Address	y by name, address (phone number – optional)	state A	ative Leadership PAC Spo
Designated Agent: Identif	by by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or markets	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite cafety deposit boxes or make the content of Bank,	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisir	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	408 WEST PARKWAY PLACE		
	Ridgeland	MS	39157-6010
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Spo
Connecte		t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif	d Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif Full Name	d Organization X Affiliated Committee Join	t Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identif Full Name	d Organization X Affiliated Committee Join	t Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identif Full Name Mailing Address	Affiliated Committee Join y by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Spo
Connecte Designated Agent: Identif Full Name	Affiliated Committee Join y by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or mailing Name of Bank, Depository, etc.	Affiliated Committee Join y by name, address (phone number – optional) CITY CITY Tries: List all banks or other depositories in which	STATE A	ZIP CODE A

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Mailing Address #110 Denvei Connected Organizate esignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION ▼ anks or Other Depositories: List a	Lowry Boulevard CITY Affiliated Committee	F F F T F T T T T T T T T T T T T T T T	EC ID number EC ID number EC ID number EC ID number G Representativ CO STATE A	80230-6083 — ZIP CODE A
ame of Any Connected Organizate COLORADO MEDICAL F Mailing Address #110 Denvei Relationship: Connected Organizate Pesignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION ▼	Lowry Boulevard CITY Affiliated Committee	t Fundraising	EC ID number EC ID number G Representativ	re, or Leadership PAC Spot
ame of Any Connected Organizate COLORADO MEDICAL F Mailing Address #110 Denver Relationship: Connected Organizate Pesignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION ▼	Lowry Boulevard CITY Affiliated Committee	t Fundraising	g Representativ	re, or Leadership PAC Sports and the second
ame of Any Connected Organizate COLORADO MEDICAL F Mailing Address #110 Denver Relationship: Connected Organizate esignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION ▼	Lowry Boulevard CITY Affiliated Committee	t Fundraisin	g Representativ	80230-6083 ZIP CODE
COLORADO MEDICAL F Mailing Address #110 Denver Connected Organizate esignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION ▼	Lowry Boulevard CITY Affiliated Committee	Joint Fund	CO STATE A	80230-6083 — ZIP CODE A
Mailing Address #110 Denvel Relationship: Connected Organizate esignated Agent: Identify by name Full Name Mailing Address Mailing Address	CITY A Affiliated Committee		STATE A	ZIP CODE A
Mailing Address #110 Denvei Connected Organizate Pesignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION ▼ TITLE OR POSITION ▼	CITY A on X Affiliated Committee		STATE A	ZIP CODE A
Mailing Address #110 Denvei Connected Organizate Pesignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION ▼ TITLE OR POSITION ▼	CITY A on X Affiliated Committee		STATE A	ZIP CODE A
Relationship: Connected Organizate esignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List a	Affiliated Committee		STATE A	ZIP CODE A
Relationship: Connected Organizate esignated Agent: Identify by name Full Name Mailing Address TITLE OR POSITION anks or Other Depositories: List a	Affiliated Committee		STATE A	ZIP CODE A
Connected Organizate esignated Agent: Identify by name Full Name	Affiliated Committee			
esignated Agent: Identify by name Full Name			raising Represent	tative Leadership PAC S
TITLE OR POSITION ▼				
TITLE OR POSITION ▼				
TITLE OR POSITION ▼				
anks or Other Depositories: List a			1 1 1	1
anks or Other Depositories: List a	CITY A		STATE ▲	ZIP CODE ▲
		Telepho	one Number	
ame of Bank, epository, etc.		which the c	ommittee deposi	ts funds, holds accounts, rel
Mailing Address				
linaming / iddioso				

FEC Form 1S (Revised 02/2017)

(h). Joint Fu i					
1.			FEC ID	number	C
2.			FEC ID	number	С
3			FEC ID	number	C
4.			FEC ID	number	C
=	_	on, Affiliated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spons
ARKANSAS	S MEDICAL SO	OCIETY PAC			<u> </u>
Mailing Addre	ess PO BOX	< 55088			
	Little Ro	ock		AR	72215-5088
Relationship:		CITY ▲		STATE A	ZIP CODE ▲
	Connected Organization	on X Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC Sp
Designated Agent	Connected Organization	Affiliated Committee address (phone number – option		Representa	tive Leadership PAC Sp
Designated Agent Full Name	Connected Organization: Identify by name,			Representa	Leadership PAC Sp
Designated Agent	Connected Organization: Identify by name,			Representa	Leadership PAC Sp
Pesignated Agent Full Name	Connected Organization: Identify by name,			Representa	Leadership PAC Sp
resignated Agent Full Name	Connected Organization: Identify by name,	address (phone number – option	al)		
Designated Agent Full Name	connected Organization: It: Identify by name, It: Identify by name, It: Identify by name,		al)	Representa	Leadership PAC Sp

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	1 1	
	n the committee deposits	s iurias, noias accounts, rents
aviage List all hanks or other depositories in which	the committee descrit	o fundo, holdo coccunto resta
	Telephone Number	
CITY ▲	STATE ▲	ZIP CODE ▲
y by name, address (phone number – optional)		
d Organization	int Fundraising Representa	ative Leadership PAC Spo
CITY A	STATE A	ZIP CODE ▲
Atlanta	GA	30339-2027
#200		
1849 THE EXCHANGE		
_	draising Representative	e, or Leadership PAC Sponso
	TEO ID HUHIDEI	U
		C
		C
	FEC ID number	C
	Organization, Affiliated Committee, Joint Fundance 1849 THE EXCHANGE #200 Atlanta CITY Organization Affiliated Committee Joint Fundance #200 Atlanta CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY	Organization, Affiliated Committee, Joint Fundraising Representative CAL PAC 1849 THE EXCHANGE

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
ARIZONA MEDIC	CAL ASSOCIATION, INC POLICAL A		rtee
Mailing Address	810 W. BETHANY HOME ROAD		
	Phoenix	, , AZ	85013-1654
Relationship:	CITY 🛦	STATE A	ZIP CODE ▲
			_
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identii Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

1.		FEC	ID number	C
3.			ib namboi	
		FEC	ID number	С
4.		FEC	ID number	C
		FEC	ID number	C
Name of Any Connected UTAH MEDICAL I	Organization, Affiliated Committee, Jo	int Fundraising Re	epresentative	e, or Leadership PAC Spons
Mailing Address	310 EAST 4500 SOUTH			
	#500			
	Salt Lake City		UT	84107-4250
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
	Affiliated Committee by by name, address (phone number – o	Joint Fundraisin	ng Representa	tive Leadership PAC Sp
esignated Agent: Identify			ng Representa	tive Leadership PAC Sp
esignated Agent: Identify			ng Representa	tive Leadership PAC Sp
resignated Agent: Identify Full Name Mailing Address	by name, address (phone number – o		ng Representa	Leadership PAC Sp
Pesignated Agent: Identify	by name, address (phone number – o		STATE A	

FEC Form 1S (Revised 02/2017) for Lines 5(g) o

h). Joint Fundraisi r		FEC ID number	С
1.		FEC ID number	C
2.			C
3.		FEC ID number	
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
HAWAII MEDICA	L PAC		
Mailing Address	1360 S BERETANIA STREET		
	#200		
	Honolulu	HI	96814-1520
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Joint	t Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mail	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisir	g Participant:			
1.			FEC ID number	C
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	C
	=	ommittee, Joint Fund	draising Representat	ive, or Leadership PAC Spor
MISSOURI MEDI	CAL PAC			
	PO BOX 1402			
Mailing Address				
	L-11		MO	05400.4400
	Jefferson City		MO	65102-1402
Relationship:	C	ITY A	STATE A	▲ ZIP CODE ▲
				ntative Leadership PAC S
	y by name, address (phone	number – optional)		
esignated Agent: Identif	y by name, address (phone	number – optional)		
	y by name, address (phone	number – optional)		
Full Name	y by name, address (phone	number – optional)		
Full Name	y by name, address (phone			
Full Name			STATE A	
Full Name				
Full Name Mailing Address TITLE OR POSITION	CIT	TY A	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or mail	CIT	TY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	CIT	TY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito fety deposit boxes or ma	CIT	TY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or material deposit boxes or material depository, etc.	CIT	TY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material deposit boxes or material depository, etc.	CIT	TY A	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	623 SW 10TH AVENUE		
	Topeka 	KS	66612-1615
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization X Affiliated Committee Join	nt Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee Join Join fy by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	Affiliated Committee Join Join fy by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Join Join fy by name, address (phone number – optional) CITY CITY CITY CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	Affiliated Committee Join Join fy by name, address (phone number – optional) CITY CITY CITY CITY CITY CITY Dries: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin ç		1	EC ID number	
1				
2.			FEC ID number	C
3.		F	FEC ID number	C
4.		F	FEC ID number	C
	Organization, Affiliated Committee, J	Joint Fundraisii	ng Representative	e, or Leadership PAC Spon
MEDICAL SOC O	F THE ST OF NY PAC			
Mailing Address	99 WASHINGTON AVENUE			
	#408			
	Albany		NY	12210-2811
Relationship:	CITY A		STATE A	ZIP CODE ▲
	A 65 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	D total For	doctor Document	ation Discontinue BAO O
	Organization		draising Representa	ative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number –		draising Represent	Leadership PAC S
esignated Agent: Identify Full Name			draising Represent	Leadership PAC S
esignated Agent: Identify			draising Represent	Leadership PAC S
esignated Agent: Identify Full Name			draising Represent	Leadership PAC S
esignated Agent: Identify Full Name		optional)		Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number –	optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number –	optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main	by name, address (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	by name, address (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number –	optional)	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page 41 of 55

h). Joint Fundraisir	1	FEC ID number	С
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
Rhode Island Med	dical PAC		
Mailing Address	405 Promenade Street		
	#A		
	Providence	RI	02908-4834
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		: Fundraising Representa	Leadership PAC S
esignated Agent: Identif		: Fundraising Representa	Leadership PAC S
esignated Agent: Identif		: Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depository, etc	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
FLORIDA MEDICA	AL ASSOCIATION PAC		
Mailing Address	1430 EAST PIEDMONT DRIVE		
Mailing Address			
	Tallahassee		32308-7942
Relationship:	CITY A	STATE A	ZIP CODE A
		Fundraising Representa	
	organization E / minatos committee	- analalang hapisasina	
resignated Agent: Identify	by name, address (phone number – optional)		
Mailing Address	1		
TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	•	STATE A	ZIP CODE A
	Te	elephone Number	
anks or Other Depositor	Tes: List all banks or other depositories in which	elephone Number	
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anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	Tes: List all banks or other depositories in which	elephone Number	
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5(a)	or(h). Joint Fundraisin	n Participant		
O(g)	1		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.			
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 769		
		East Lansing	MI	48826-0769
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		ı
	Full Name			
	Mailing Address			
		1		
	TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
	IIILE ON POSITION	1	elephone Number	
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc. Mailing Address	ries: List all banks or other depositories in which intains funds.	the committee deposits	s funds, holds accounts, rents
				, , , , , , , , , , , , , , ,
		CITY A	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi	ng Faiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
NEVADA MEDIC	ALPAC		
	. FORE KITTIKE LANE		
Mailing Address	5355 KIETZKE LANE		
	#100		
	Reno	NV NV	89511-4002
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Telepories: List all banks or other depositories in which	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi		FEC ID number	C
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e. or Leadership PAC Spon
MAINE MEDICAL			
<u> </u>			
Mailing Address	PO BOX 190		
	Manchester	, , , ME ,	04351-0190
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization X Affiliated Committee Joint	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Sp
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY		
esignated Agent: Identing Full Name	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identing Full Name _ _ _	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.						_
			FEC	D number	C	-
2.			FEC	D number	C	_
3.			FEC	D number	С	
4.			FEC	C ID number	С	_
ame of Any Connected (Organization, Affil	iated Committee, Join	t Fundraising	Representativ	re, or Leadership PAC S	Spon
NEW HAMPSHIRI	E MEDICAL S	SOCIETY PHYSIC	CIANS' POI	LITICAL A	CTION COMMITTI	EE
Mailing Address	7 NORTH STATE	E STREET				
	Concord			NH	03301-4039	
Relationship:		CITY 🛦		STATE A	ZIP CODE	A
Connected	Organization x	Affiliated Committee	Joint Fundrai	sing Represent	tative Leadership PA	C S
esignated Agent: Identify	by name, address	s (phone number – opti	onal)			
	-		Jilai)			
Full Name						
Full Name						
Mailing Address				STATE A	ZIP CODE A	
Mailing Address TITLE OR POSITION anks or Other Depositor	▼ ies: List all banks	CITY A	Telephone	e Number	ZIP CODE A	\
Mailing Address TITLE OR POSITION	▼ ies: List all banks	CITY A	Telephone	e Number	ZIP CODE A	\
Mailing Address TITLE OR POSITION anks or Other Depositor	▼ ies: List all banks	CITY A	Telephone	e Number	ZIP CODE A	\
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page 47 of 55

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
MONTPAC-MON	ITANA MEDICAL ASSOCIATION		
I			
Mailing Address	2021 11TH AVENUE		
	Helena	MT	59601-4882
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

h). Joint Fundraising	•			
1.			FEC ID number	C
2.			FEC ID number	C
3			FEC ID number	C
4.			FEC ID number	C
ame of Any Connected (Organization, Affiliated Comi	nittee, Joint Fundr	aising Representativ	e, or Leadership PAC Spor
WASHINGTON ST	ATE MEDICAL PAC			
Mailing Address	2001 6TH AVENUE			
	#2700			
	Seattle		WA	98121-2547
Relationship:	CITY	_	STATE A	ZIP CODE ▲
		ommittee Joint	Fundraising Represent	ative Leadership PAC S
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Connected	Organization X Affiliated Co		Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address	Organization Affiliated Co	mber – optional)		
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FEC Form 1S (Revised 02/2017)

Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address		nks or other depositories in	which the commit	tee deposit	s funds, h	nolds accounts, rents
Name of Bank, Depository, etc.		nks or other depositories in	which the commit	tee deposit	s funds, h	olds accounts, rents
safety deposit boxes or ma		nks or other depositories in	which the commit	tee deposit	s funds, h	olds accounts, rents
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TITLE OR POSITION	▼	CITY A	:	STATE A		ZIP CODE ▲
Mailing Address						
Full Name						
		ress (phone number – option		Пергезени	duve	Leadership 1 AO opon
	d Organization	X Affiliated Committee	Joint Fundraising		ative	Leadership PAC Spor
Relationship:	OKLAHOMA	CITY CITY A		OK STATE ▲	7310	05-
Mailing Address						
	ı 313 NORTHE	AST 50TH				
OKLAHOMA STA	TE MEDICA	AL ASSOCIATION P	AC			
Name of Any Connected	Organization, A	Affiliated Committee, Joint	Fundraising Rep	resentativ	e, or Lead	dership PAC Sponso
4.			FEC ID	number	С	
3.		1 1 1 1 1 1 1 1	FEC ID	number	C	
			 FEC ID	number	С	
1				number	C	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

2.		ng Participant:	FEC ID number	C
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp LOUISIANA STATE MEDICAL SOCIETY PAC Mailing Address 6767 PERKINS ROAD #100 #100 Baton Rouge CITY ▲ STATE ▲ ZIP CODE A STATE ▲ ZIP CODE A Telephone Number Title OR POSITION ▼ CITY ▲ STATE ▲ STATE ▲ ZIP CODE A Telephone Number	1			
4. FEC ID number C ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp LOUISIANA STATE MEDICAL SOCIETY PAC Mailing Address 6767 PERKINS ROAD #100 Baton Rouge Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title Oppositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds. ame of Bank, epository, etc.				
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp LOUISIANA STATE MEDICAL SOCIETY PAC Mailing Address 6767 PERKINS ROAD #100 Baton Rouge CITY A STATE A ZIP CODE A Connected Organization Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number Telephone Number	3.			
LOUISIANA STATE MEDICAL SOCIETY PAC Mailing Address 6767 PERKINS ROAD #100 Baton Rouge CITY ▲ STATE ▲ ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — Telephone Number — optional) anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, is afterly deposit boxes or maintains funds. ame of Bank, epository, etc.	4.		FEC ID number	C
LOUISIANA STATE MEDICAL SOCIETY PAC Mailing Address 6767 PERKINS ROAD #100 Baton Rouge CITY ▲ STATE ▲ ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —	ame of Any Connected	l Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
Baton Rouge Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC	=	_	3 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Baton Rouge Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PAC				
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esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, refety deposit boxes or maintains funds. ame of Bank, epository, etc.				
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	esignated Agent: Identi	fy by name, address (phone number – optional)		
TITLE OR POSITION CITY Telephone Number		fy by name, address (phone number – optional)		
TITLE OR POSITION CITY Telephone Number	Full Name	fy by name, address (phone number – optional)		
Telephone Number	Full Name	fy by name, address (phone number – optional)		
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afety deposit boxes or maintains funds. ame of Bank, epository, etc.	Full Name Mailing Address	CITY A	1	
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	Full Name Mailing Address TITLE OR POSITION anks or Other Deposite aftery deposit boxes or mame of Bank,	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	127 WASHINGTON AVENUE		
	EAST BUILDING, 3RD FLOOR		
	New Haven	CT	06519-1616
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership 1 AO S
	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif			Leavership TAC S
esignated Agent: Identif			Leavership TAC S
esignated Agent: Identii Full Name Mailing Address	y by name, address (phone number – optional)		
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h). Joint Fundrais i		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
MASSACHUSET	TS MEDICAL SOCIETY		
	860 WINTER STREET		
Mailing Address			
	Malthan		02454 4440
51	Waltham	MA MA	02451-1449
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Joint Joi	Fundraising Representa	Leadership PAC Sp
		Fundraising Representa	Leadership PAC Sp
esignated Agent: Ident		Fundraising Representation	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected VERMONT MED	Organization, Affiliated Committee, Joint Fund ICAL SOCIETY	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 1457		
	134 MAIN STREET		
	Montpelier	VT	05601-1457
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee Joint by by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

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n). Joint Fundraising	,				
1.			FE	C ID number	С
2			FE0	C ID number	C
3.			FE	C ID number	С
4.			FE0	C ID number	C
	_	d Committee, Joint I	Fundraising	Representativ	e, or Leadership PAC Spo
WEST VIRGINIA	MEDICAL PAC				
Mailing Address	PO BOX 4106				
	Charleston			_ w∨	25364-4106
Relationship:		CITY A		STATE ▲	ZIP CODE ▲
Connected	Organization X Affili	ated Committee	Joint Fundra	ising Represent	ative Leadership PAC
Connected esignated Agent: Identify Full Name				ising Represent	ative Leadership PAC
esignated Agent: Identify				ising Represent	ative Leadership PAC
esignated Agent: Identify Full Name				ising Represent	ative Leadership PAC
esignated Agent: Identify Full Name	by name, address (pho		al)	ising Represent	ative Leadership PAC
esignated Agent: Identify Full Name Mailing Address	by name, address (pho	one number – option	al)	ising Represent	
esignated Agent: Identify Full Name	by name, address (pho	one number – option	al)		
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Full Name Mailing Address TITLE OR POSITION Anks or Other Depositor fety deposit boxes or main arme of Bank,	by name, address (pho	one number – option	al) Telephon	STATE A e Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or main arme of Bank, epository, etc.	by name, address (pho	one number – option	al) Telephon	STATE A e Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi n		FEC ID	number	C
1.				
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ame of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Repr	esentative	e, or Leadership PAC Spor
AMERICAN MED	ICAL ASSOCIATION			
Mailing Address	330 N Wabash Ave			
	Ste 39300			
	Chicago	1	IL	60611
Relationship:	CITY A		STATE A	ZIP CODE ▲
	d Organization Affiliated Committee	Joint Fundraising	Representa	tive Leadership PAC S
X Connected			Representa	Leadership PAC S
X Connected	d Organization Affiliated Committee		Representa	Leadership PAC S
Connected Agent: Identify	d Organization Affiliated Committee		Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization Affiliated Committee		Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee by name, address (phone number – op	tional)		
Connected esignated Agent: Identify Full Name	Affiliated Committee by name, address (phone number – op	tional)	Representa	
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee by name, address (phone number – op	tional)	TATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	Affiliated Committee by pame, address (phone number – op CITY ries: List all banks or other depositories	tional) S Telephone Nu	TATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc.	Affiliated Committee by pame, address (phone number – op CITY ries: List all banks or other depositories	tional) S Telephone Nu	TATE A	ZIP CODE A